

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

Wendy for WNC

ADDRESS (number and street)

PO Box 25053

Check if different  
than previously  
reported. (ACC)

Asheville

NC

28813

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00776104

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2021

through

M M / D D / Y Y Y Y

12 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kresslein, David, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kresslein, David, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 21 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 14

Write or Type Committee Name  
**Wendy for WNC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4810.00	4810.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	4810.00	4810.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3479.01	3479.01
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3479.01	3479.01
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	2330.99	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1000.00	

## For further information contact:

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Wendy for WNC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	1

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2600.00

2600.00

(ii) Unitemized.....

2205.00

2205.00

(iii) TOTAL of contributions from individuals ▶

4805.00

4805.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

5.00

5.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4810.00

4810.00

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

1000.00

1000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1000.00

1000.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

0.00

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

5810.00

5810.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3479.01	3479.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3479.01	3479.01

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5810.00
25. SUBTOTAL (add Line 23 and Line 24).....	5810.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3479.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2330.99

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Wendy for WNC

**A.** Full Name (Last, First, Middle Initial)  
Batchelor, Eric, , ,

Mailing Address 2130 Mauney Cove Road

City Waynesville	State NC	Zip Code 28786
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer Haywood County Sheriff's Office	Occupation Deputy Sheriff
---	------------------------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 15 2021

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Brumit, Joe, , ,

Mailing Address 234 Skycliff Drive

City Asheville	State NC	Zip Code 28804
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. C

Name of Employer Brumit Restaurant Group	Occupation Owner / CEO
---	---------------------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 18 2021

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Daves, Bennie, , ,

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. C

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 27 2021

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Wendy for WNC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Daves, Bennie, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2021		
Mailing Address			<b>Transaction ID : SA11AI.4943</b>		
City	State	Zip Code	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer N/A		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jackson, Barbara, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2021		
Mailing Address 5400 Hounds Ear Pl			<b>Transaction ID : SA11AI.4902</b>		
City	State	Zip Code	Amount of Each Receipt this Period 250.00		
Raleigh NC 27606			<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation Attorney/Mediator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Limbaugh, Susan, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2021		
Mailing Address 410 Waco Road			<b>Transaction ID : SA11AI.4891</b>		
City	State	Zip Code	Amount of Each Receipt this Period 1000.00		
Kings Mountain NC 28086			<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer Wendys		Occupation Food Service			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1350.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Wendy for WNC

<b>A.</b> Full Name (Last, First, Middle Initial) Swartzlander, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2021		
Mailing Address 79 Old Hickory Trail			<b>Transaction ID : SA11AI.4904</b>		
City Hendersonville	State NC	Zip Code 28739	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer unemployed		Occupation unemployed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00			
<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			
<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			250.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			2600.00		

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Wendy for WNC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Nevarez, Wendy, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2021		
Mailing Address 11 Oakley Dogwood Drive			<b>Transaction ID : SA11D.4942</b>		
City Asheville	State NC	Zip Code 28803	Amount of Each Receipt this Period _____ 5.00		
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item			
Name of Employer		Occupation		Election Cycle-to-Date ▼ _____ 1005.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item			
Name of Employer		Occupation		Election Cycle-to-Date ▼ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item			
Name of Employer		Occupation		Election Cycle-to-Date ▼ _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			_____ 5.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			_____ 5.00		



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Wendy for WNC

Full Name (Last, First, Middle Initial)

Nevarez, Wendy, , ,

A.

Mailing Address 11 Oakley Dogwood Drive

City

Asheville

State

NC

Zip Code

28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		07		2021

Transaction ID : SA13A.4941

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

1000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Wendy for WNC

Full Name (Last, First, Middle Initial)

**A. Amazon**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

204.32

Transaction ID : SB17.4772

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amazon**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

149.79

Transaction ID : SB17.4773

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Best Buy**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			10			2021			

FEC Identification Number

C

Amount of Each Disbursement this Period

502.88

Transaction ID : SB17.4832

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

856.99

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
Wendy for WNC

Full Name (Last, First, Middle Initial)

**A. Check**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.4766

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kristen Hicks**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4759

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Microsoft**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

42.80

Transaction ID : SB17.4839

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

532.80

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Wendy for WNC

Full Name (Last, First, Middle Initial)

**A. Microsoft**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

42.80

Transaction ID : SB17.4840

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Microsoft**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

42.80

Transaction ID : SB17.4841

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Microsoft**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

42.80

Transaction ID : SB17.4844

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

128.40

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wendy for WNC

Full Name (Last, First, Middle Initial)

**A. Printville**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	1

FEC Identification Number

C

Amount of Each Disbursement this Period

288.90

Transaction ID : SB17.4762

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

288.90

**TOTAL** This Period (last page this line number only).....▶

1807.09

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 OF 14

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Wendy for WNC

Transaction ID : SC/10.4941

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Nevarez, Wendy, , ,

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address

11 Oakley Dogwood Drive

City

Asheville

State

NC

ZIP Code

28803

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 04 M /

D 07 D /

Y 2021 Y

M M /

D D /

Y Y Y Y

 % (apr)☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

**TOTALS** This Period (last page in this line only).....▶

1000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.